

## STREET NAMING/RENAMING APPLICATION

TO BE COMPLETED BY PLANNING COUNTER STAFF			
FILE NUMBER/PROPOSED NAME <b>ST</b>		Receipt # _____	
PROJECT LOCATION		Date _____	
QUAD	COUNCIL DISTRICT	Amount _____	
GENERAL PLAN	ZONING	By _____	

TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)			
PROPERTY LOCATION			
EXISTING STREET NAME		PROPOSED STREET NAME	
		PROPOSED STREET NAME	
		PROPOSED STREET NAME	
ATTACH FOLLOWING EXHIBITS:			
<input type="checkbox"/> Letter/Memo (see page 3) <input type="checkbox"/> Petition signed by affected property owners on the subject street (if applicable) <input type="checkbox"/> List of names and address of all affected property owners and occupants <input type="checkbox"/> Location Map showing subject area/street and the extent of the street name change – 6 copies (5 – 8 ½" x 11", 1 – 11" x 17")			
Is this proposal associated with another Planning File/Permit (example: T/PT/PD)			
File Number:			
CONTACT PERSON			
PRINT NAME OF CONTACT PERSON			
PRINT NAME OF COMPANY			
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	

**PLEASE CALL THE APPOINTMENT DESK AT (408) 535-3555 FOR AN APPLICATION APPOINTMENT.  
THIS APPLICATION APPOINTMENT IS LOCATED ON THE 3RD FLOOR OF CITY HALL.**

PETITIONER(S)/APPLICANT(S)			
PRINT NAME		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
PRINT NAME		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
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MAILING ADDRESS		CITY	STATE ZIP CODE
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MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
PRINT NAME		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	

IF THERE ARE ADDITIONAL PETITIONER(S)/APPLICANT(S), PLEASE ATTACH A SEPARATE COPY OF THIS PAGE TO PROVIDE THE ABOVE INFORMATION.

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**LETTER/MEMO**

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